

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 10/28/12

PRINTED: 09/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445258		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/13/2012	
NAME OF PROVIDER OR SUPPLIER SUMMIT VIEW OF FARRAGUT, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 12823 KINGSTON PIKE KNOXVILLE, TN 37923			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 272 SS=D	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.			F 272	Resident #4 is no longer a resident at the facility, discharged 7/28/2012 -On 9/12/2012, Unit Managers audited all new admission fall risk assessments and all residents that are still in facility that admitted within the last two months all are in compliance -All fall risk assessments will be checked for accuracy at the time of admission, after a fall and quarterly by the charge nurses. Any resident identified with a score of 15 or above will have enhanced preventative measures in place to reduce the occurrence of a fall. RN Staff educator in-serviced charge nurses on 9/19/2012 on fall risk assessment criteria and form -All new/updated fall risk assessments will be brought to the weekly high risk meeting and checked for accuracy by Unit Managers and the Director of Nursing. Residents found to have a score of 15 and above will have enhanced preventative measures in place to reduce the occurrence of a fall		9/14/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Richard C...

Administrator

9/21/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 272	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to accurately assess the fall risk for one (#4) of five residents reviewed. The findings included: Resident #4 was admitted to the facility on June 29, 2012 with diagnoses including Alzheimer's Dementia, Chronic Obstructive Pulmonary Disease with Chronic Oxygen Therapy, Gastrointestinal Reflux Disease, Chronic Thrombocytopenia, History of Falls, Cerebrovascular Accident (Stroke), Acute Respiratory Failure, Paralysis Agitans, Anxiety and Hypothyroidism. Medical record review of the Minimum Data Set (MDS) dated July 6, 2012 revealed the resident scored 12/15 on the Brief Interview for Mental Status (BIMS) with moderately impaired decision-making skills; required extensive assistance with transfers and ambulation in the room; required limited assistance with activities of daily living; had no limitations in range of motion; and was continent of bowel and bladder. Medical record review of the fall risk assessment dated June 29, 2012 revealed the resident scored 23 (Total score of 10 or above represents high risk). Medical record review of a nurse's note dated July 4, 2012 (five days after admission) at 14:39 (2:30 p.m.) revealed "Res (Resident) witnessed in	F 272			

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F 272	<p>Continued From page 2</p> <p>floor, alarm was sounding. Res still had O2 (Oxygen) tubing on...stated...was walking to the bathroom and tripped on...O2 tubing...family member from across the hall witnessed...fall and was telling res not to get up without assistance. Res stated...landed on...knees and hit...right cheek on the floor..."</p> <p>Medical record review of a fall risk assessment dated July 4, 2012 which was completed after the resident fell revealed a score of ten (13 points less than on admission).</p> <p>Medical record review of the fall risk assessments dated June 29, 2012 and July 4, 2012 and interview in the conference room on September 10, 2012 at 2:50 p.m. with the Director of Nursing (DON) confirmed the assessment completed on July 4, 2012 with a fall risk of "10" was not accurate, and the resident's fall risk was "23" after the fall, the same as the initial fall assessment on June 29, 2012.</p> <p>C/O #30104</p>	F 272			